

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
INDEPENDENCE NATIONAL HISTORICAL PARK
143 SOUTH THIRD STREET
PHILADELPHIA, PA 19106

APPLICATION/PERMIT - SPECIAL EVENTS, PUBLIC ASSEMBLIES, AND MEETINGS

INSTRUCTIONS: Type/print in black ink the information requested in items 1-10. If a section or sections do not apply, insert N/A. If space provided is insufficient, attach supplemental sheet(s) bearing the item number. After completing all items, sign and date the certification in item 11 and return this application along with a check or money order for the application charge of \$50.00. Make the check/money order payable to Independence National Historical Park, and forward to: Independence National Historical Park, 143 South Third Street, Philadelphia, PA, 19106, Attn: Special Events Office.

Allow a minimum of 3 working days for processing your permit application. The Special Events Office, (215) 597-9205 Fax: (215) 597-0042 is open from 8:30 a.m. to 4:30 p.m., Tuesday through Saturday. We will contact you if further information is necessary or if your application cannot be approved as requested. The National Park Service reserves the right to deny requests that are not compatible with the conditions and guidelines established in 36 CFR §2.50 & §2.51.

Upon approval of your application, a copy of your approved application/permit, and the terms and conditions of the permit will be returned to you. After you receive this confirmation, it will be your responsibility to contact the Special Events Office if any change occurs. The approved application/permit and conditions of the permit must be in your possession at all times while on park property during the event.

1. APPLICANT Name: _____ 2. ORGANIZATION Name: _____
Street/Address: _____ Street/Address: _____
City/State/Zip Code: _____ City/State/Zip Code: _____
Phone No.: Day () _____ Evening () _____ Phone No.: () _____
Fax () _____ Mobile: _____ E-Mail: _____

3. Purpose/Nature of the event for which the permit is requested: _____

4. Date(s) & Time(s) of the Event:
A. Set-up for the event will begin at _____ (am/pm) on _____ (Month/Day/Year).
B. The event will begin at _____ (am/pm) on _____ (Month/Day/Year)
and the event will end at _____ (am/pm) on _____ (Month/Day/Year).
C. Clean-up/take-down will be completed by _____ (am/pm) on _____ (Month/Day/Year).

5. Maximum number of participants expected _____ (if unsure, please provide an estimate).

6. Specific park buildings, grounds or facilities requested, (for example, the Judge Lewis Quadrangle, Welcome Park, etc.):

7. Name of person who will be in charge of the event on-site: _____ Phone Number: () _____
Note: The person named here shall be the one who has full authority to make any on-site decisions about the event.

8. Please supply the information requested below. Failure to provide complete information may result in denial of your permit application.
A. Describe plans for the proposed event. Include a complete time schedule and a list and/or description of all activities planned for the event, the proposed route of any march or parade planned, and a list of all principal speakers, if any.
B. List all items to be used during the event including platforms, AV equipment, signs, fencing, decorations, catering equipment, tables, chairs, etc..
Note: No parking is provided. Any loading/unloading must be done from the curb.
C. List all vendors, contractors, groups, or individuals providing support services for the event such as caterers, sound technicians, electricians, entertainment groups, etc. (including name, address, phone number, and service provided).

(continued)

- D. If your event will include the erection of booths, tents, etc., provide a diagram showing the location of each and a list of the name of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed, provide an itemized list of all such items for each booth or area.
- E. Are any other organizations co-sponsoring this event? If so, provide a list showing the name, address, phone no. and a contact person for each.
- F. Is there any reason to believe, or is there any information indicating that any individual, group, or organization will seek to disrupt your event? YES _____ NO _____. If the answer is yes, list each individual, group, or organization and give all available information, such as name, address, phone number, and the background for your concern.

9. Please answer the following questions, (for each item below, please circle Y for yes or N for no):

- A. Do you plan to advertise or issue press releases regarding the event? Y N
- B. Have you visited, or are you familiar with, the site you have requested? Y N (If no, arrangements may be made for a visit.)
- C. Are you requesting permission to serve food or beverages? Y N (If yes, additional conditions must be met.)
- D. Are you requesting the use of any electricity or water? Y N (If yes, special arrangements must be made.)
- E. Are you requesting permission to sell or distribute printed matter? Y N
- F. Have you or has your organization ever applied for or been issued a permit for an event at Independence National Historical Park? Y N
If yes, please give the date (month/day/year) (or approximate date) of your last permit: _____

10. You may be required to post a bond or cash deposit in an amount adequate to cover costs such as restoration, rehabilitation and cleanup of the area(s) used, and other costs resulting from your event. You may be required to carry a general liability insurance policy in which the National Park Service is named coinsured in an amount sufficient to protect the National Park Service, and submit a copy of that insurance policy to the park. You will be billed for costs incurred by the National Park Service as a result of your event (including, but not limited, to personnel costs, utilities, damages, etc.). Provide the exact name of the organization and/or individual and the address to which you would like the bill sent:

Firm/Name/Attention: _____ City/State/Zip Code: _____

Street/Address: _____ Phone _____ Tax ID/SSN _____

* Information to be provided for billing purposes only.

Privacy Act Notice: The authority for the NPS to recover and retain costs associated with managing special use permits is found in 16 U.S.C. 3a. The Social Security Number and/or Federal Tax ID number requested on this permit application will be used for billing and collection purposes. Providing your Social Security Number or any other information is voluntary. However, failure to do so may delay processing or cause the permit to be declined. The Permittee may choose to pay a cash deposit in lieu of being billed in which case the SSN / Tax ID Number will not be required.

11. In submitting this application, the applicant by his or her signature certifies that:

- A. All the information given is complete and correct, and that no false or misleading information or false statements have been given,
- B. All estimates are reliable to the best of his or her knowledge and belief as of the date of this application, and
- C. All the attached terms and conditions have been read, are understood, and will be complied with fully.

NOTICE: Giving false information or making false statements, in connection with this permit application, is a violation of 36 CFR §2.32[a](3)(ii) and 18 USC §1001 respectively. Violations will be a basis for denial or revocation of a permit and may result in criminal prosecution.

Signature of Permittee (Do not print) _____ Date _____

PERMIT - SPECIAL EVENTS, PUBLIC ASSEMBLIES, AND MEETINGS

As Authorized by Title 36, Code of Federal Regulations, Chapter 1, Section 2.50 and 2.51, the individual, group, or organization is hereby granted permission to hold an activity subject to the terms and conditions of this permit.

General PERMIT CONDITIONS - See Attached Pages. Specific Terms, Conditions, or Limitations Applicable to this Permit:

APPROVED BY: _____
Signature of Park Representative Title Date

PARK USE ONLY: (Distribution) R&VP: _____ I&VS: EAST _____ WEST _____ TS _____ CRM: _____ MAINT: _____ OTHER: _____

Application Charge Paid: _____ Date: _____ CR: Exempt _____ Waived: _____ Applied _____

PERMITTEE: Mailed / Faxed / Received _____